

Urine Drug Screen / on-site device preliminary test results

To be used for collector verification, donor certification and on-site screening device results. Preliminary result should not be interpreted as a confirmed laboratory result*.

DONOR INFORMATION — STEP 1: Collector completes donor information.

Requesting agency: _____ Account #: _____

Donor's last name: _____ Donor's first name: _____
please print please print

Donor's ID number: _____ Specimen ID: _____

COLLECTOR VERIFICATION — STEP 2: Collector completes and validates that the specimen was collected properly.

I certify that I collected the specimen provided by the Donor named above and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were within acceptable range.

Collector name: _____ Collector signature: _____
please print

Date of collection: _____ Time of collection: _____ Date shipped: _____

Comments: _____

DONOR CERTIFICATION — STEP 3: Donor completes and validates that the specimen was collected properly.

I certify that the specimen provided is my own and was not substituted or adulterated. I freely consent to the testing of my urine specimen for drugs/metabolites.

Donor name: _____ Donor signature: _____
please print


Date of collection: _____ Time of collection: _____


PRELIMINARY TEST RESULTS — STEP 4: Perform test and log results. Use separate chain of custody label/form to submit presumptive positive specimens to a lab.

Name of test device: _____ Number of drugs tested by device: _____


RESULTS KEY — For reference only. Refer to the device product insert for complete instructions.


NEGATIVE EXAMPLE

Control (C or CTL) 



Drug name (Test / Drug) 



POSITIVE EXAMPLE

Control (C or CTL) 

Drug name (Test / Drug) 

INVALID EXAMPLE

Control (C or CTL)  

Drug name (Test / Drug)  

SCREENING RESULTS LOG — not to be interpreted as laboratory result.

Drug Name	Drug Code	Negative	Invalid
Amphetamine	AMP	[]	[]
Barbiturates	BAR	[]	[]
Benzodiazepines	BZO	[]	[]
Buprenorphine	BUP	[]	[]
Cocaine	COC	[]	[]
Ecstasy	MDMA	[]	[]
Marijuana	THC	[]	[]
Methadone	MTD	[]	[]
Methamphetamine	M-AMP	[]	[]
Opiates	OPI	[]	[]
Oxycodone	OXY	[]	[]
Phencyclidine	PCP	[]	[]
Propoxyphene	PPX	[]	[]
Tri-Cyclic Antidepressants	TCA	[]	[]

Presumptive Positive*	GC/MS Confirmation
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]
[]	[]

Test performed by: _____ Date: _____

Positive specimen sent to lab for GC/MS confirmation: [] Yes [] No Date: _____

For professional in vitro diagnostic use only.

*Any positive result obtained with this urine screening test is presumptive and should be confirmed by an alternate method such as GC/MS.